U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U	2 Fiscal Year Covered From			
12484	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Frank Herrera	Name Operating Engineers Local Union No 3			
	Labor Organization File Number 035 651			
PO Box Bidg Room No If any	PO Box Building and Room Number if any			
Street 3271 Santa Cruz Road	Street 1620 South Loop Road			
City West Sacramento	City Alameda .			
State California ZIP Code + 4 95691	State California ZIP Code + 4 94502			
5 Position in labor organization				
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the exclusion)	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions)			
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any]			
P O Box Bldg Room No if any				
Street	7 b Amount			
Sueet	,			
City				
State ZIP Code + 4				
Sign	ature Think Hanne			
submitted in this report (including the information contained in any accompany	15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)			
Signed My A	on 8/15/15 916-373 9663			
	Date Telephone Number			

Name of Person Filing Frank Herrera	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name Operating Engineers Credit Union Trade Name if any P O Box Bldg Room No if any Street 250 North Canyons Parkway City Livermore State California ZIP Code + 4 94551	a Labor Organization b Trust c Employer			
	11 a Nature of such dealing			
10 if 9 b or 9 c is checked give trust or employer's name Name	Local Union credit union			
Trade Name If any				
PO Box Bldg Room No if any				
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	Board meeting fee Expenses for attending the RSM McGladrey Conference			
	12 b Amount \$1 501			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name if any	ن ا			
PO Box Bidg Room No If any				
Street	1			
City	1			
State ZIP Code + 4	enterpressing of the control of the			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

2

Name of Person Filing Frank Herrera	File Number U

Part B Continuation Page

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name McMorgan & Co	a Labor Organization	
Trade Name if any	biomenid	
P O Box Bldg Room No If any	b Trust	
Street 1 Bush Street Suite 800	c Employer	
City San Francisco		
State California ZIP Code + 4 94104		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Local Union s investment manager	
Trade Name If any		
P O Box Bldg Room No If any		
Street		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Attended lunches dinners and other by McMorgan & Co	r events hosted
	12 b Amount	\$1 303

~

Name of Person Filing Frank Herrera File Number U

Part B Continuation Page

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Associated Third Party Administrators	a Labor Organization	
Trade Name if any ATPA		
PO Box Bidg Room No If any	b Trust	
Street 1640 South Loop Road	c Employer	
City Alameda		
State California ZIP Code + 4 94502		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Operating Engineers Trust Funds	Provides third party administration the Local Union s related pension	
Trade Name If any	funds	**************************************
P O Box Bldg Room No If any		, mar
Street 1640 South Loop Road		
City Alameda		
State California ZIP Code + 4 94502	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Attended lunches dinners and othe by ATPA	r events hosted
		A STATE OF THE STA
	1	Aumorpa
	· ·	
	12 b Amount	\$540

3

Name of Person Filing Frank Herrera

File Number U

Part B Continuation Page

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Operating Engineers Pension Trust Fund Trade Name if any PO Box Bldg Room No if any Street 1640 South Loop Road City Alameda State California ZIP Code + 4 94502	a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Local Union s pension trust fund	
Trade Name if any P O Box Bldg Room No if any Street City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	٤.
l l	12 a Nature of interest held or income received	
	Meeting expense for IF Institute for IFEBP Conference	r Investment
	12 b Amount	\$4 558

ኋ

Name of Person Filing F1	rank Herrera		File Number U	

Part B Continuation Page

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Operating Engineers Local Union No 3	a Labor Organization	
Trade Name If any Trust Funds		
P O Box Bldg Room No If any	b Trust	
Street 1640 So Loop Rd	c Employer	
City Alameda		
State California ZIP Code + 4 94502		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Local Union s Trust Fund	
Trade Name If any		
PO Box Bldg Room No if any		
Street		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Meeting regarding Trust fund issue	s
	and the state of t	To the first of th
	and the same of th	
	12 b Amount	\$61